



## PATIENT

Zeus Mejias

## SPECIES

Canine

## BREED

Dobeman Pinscher

## SEX

NM

## AGE

4Y

## WEIGHT

86.2lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan  
Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Kathy Martinez, DVM

## INVOICE

75303

## DATE

6-4-26

## PRESENTING CLINICAL SIGNS

Patient presented for CT evaluation of progressive vestibular signs of approximately 3 months duration. Clinical signs include head tilt, vestibular dysfunction, intermittent facial seizure-like episodes, and lethargy, with reported worsening over the past month. Previous CBC, chemistry panel, and total T4 performed in April revealed low-normal total T4, mild hyperbilirubinemia, and mild hemoconcentration. Otitis externa was diagnosed and treated medically. Patient is currently receiving levetiracetam, enrofloxacin, meclizine, Cerenia, and topical otic medication. CT requested to investigate the underlying cause of vestibular disease and to differentiate between central and peripheral vestibular involvement.

Abnormal PE/Chem/CBC/UA Results: CBC --- mild thrombocytopenia CHEM --- unremarkable

## COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN - INCLUDING THE ENTIRE SPINE

A high resolution pre- and post-contrast full body CT study is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull & Neck

A retained fragment of triadan 102 is appreciated, presenting a widened periodontal space.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation. Post contrast administration, in the region of the hippocampal commissure a diffuse contrast uptake is appreciated. The ventricular system is non-dilated and symmetric.

The submandibular, medial retropharyngeal lymph nodes and superficial cervical lymph nodes are mildly prominent, uniform soft tissue attenuating and present an irregular contrast enhancement pattern.

The osseous and soft tissue structures of the cervical spine are unremarkable.

The remainder of the soft tissue structures of the neck are within normal limits.

### Thorax & Thoracic spine

The osseous and soft tissue structures of the thoracic spine reveal no abnormalities.

The remainder of the osseous and soft tissue structures of the thorax are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.



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The lung parenchyma presents the expected architecture and attenuation behavior, but zones with dystelectasis of the caudodorsal dependent aspects of the lung.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

### Abdomen & Lumbar spine

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

The right gluteal muscles at the cranioproximal aspect of the greater trochanter of the right femur presents a heterogeneous contrast enhancement pattern.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intracranial intraaxial symmetric contrast enhancing lesion region of the hippocampal commissure
- Fractured triadan 102 with periodontal disease
- Lymphadenopathy mandibular, medial retropharyngeal and superficial cervical lymph nodes
- Normal neck & cervical spine
- Normal thorax & thoracic spine
- Normal abdomen & lumbar spine

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal contrast uptake in the region of the hippocampal commissure can be indicative for encephalitis/limbic encephalitis – either immune mediated or infectious (e.g. tick born encephalitis). If not done so yet, recommend complementing workup by a CSF tap. An MRI study can be used to confirm the finding and will allow further assessment of the brain parenchyma for possible structural changes.

The odds for reactive lymphoid hyperplasia of the prominent lymph nodes along the skull and neck are high – FNA sampling may be performed for specification.



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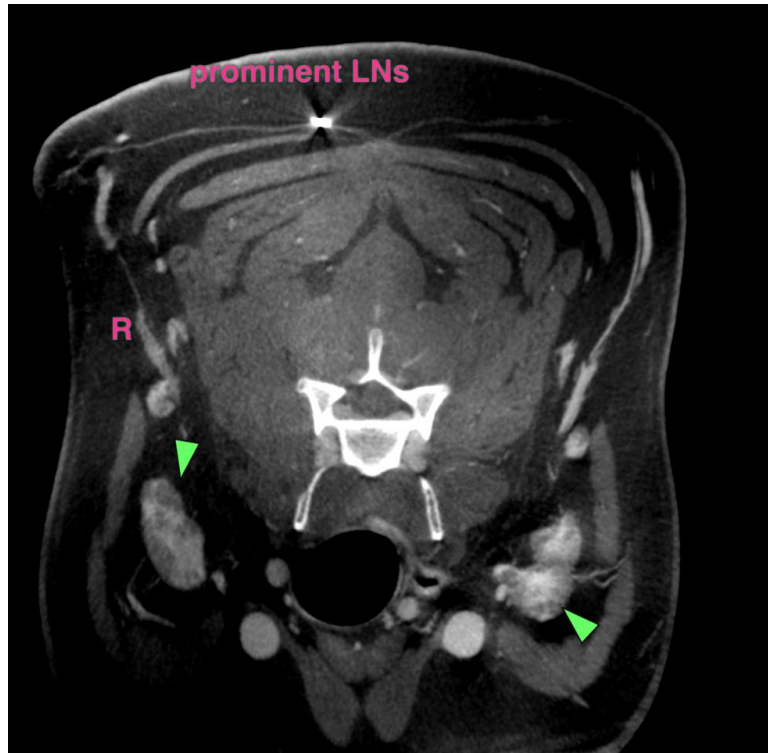
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)